

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health

**Health Regulation
& Licensing Administration**



**825 North Capitol Street, NW
Suite 2224, 2nd Floor
Washington, D.C. 20019**

Intermediate Care Facilities Division

Dear Community Residence Facility or Assisted Living Residence Provider:

This is in reference to the involuntary discharge, transfer and relocation of residents pursuant to the Nursing Home and Community Residence Facility Resident's Protection Act of 1985, DC Law 6-108, D.C. Code Section 44-1001.01 et seq., effective April 1, 1986, and Assisted Living Residence Regulatory Act of 2000, D.C. Law 13-127, D.C. Code Section 44-101.01 et seq., effective June 24, 2000. D.C. Code Section 44-1003.01 gives specific grounds for involuntary discharge, transfer and relocation of residents. Section 44-1003.02 requires facility operators to give notice, both oral and written, to residents when a transfer, discharge or relocation is considered and sets forth time-frames for the notice. Except for emergency or compelling circumstances, and as defined by law, the time requirements for advance notice must be met prior to the moving of residents. Please note that Section 44-1003.02 requires notice to be given to a community residence facility resident at least 21 days before discharge while Section 44-106.08(a) requires that an Assisted Living Residence resident be given at least 30 days notice before a discharge; the 7 day notice requirement before relocation remains the same.

Section 44-1003.03 also contains a statement of appeal rights and requires that this be given to the residents along with information on where assistance can be obtained.

If the resident or his/her representative does not voluntarily and knowingly consent to the move, D.C. Code Section 44-1003.03 gives the resident or his/her representative the right to request a hearing to challenge the involuntary transfer, discharge or relocation.

To ensure consistency and uniformity among facilities and to assist you with compliance, enclosed are model forms to be used for notices to residents. The notice form also includes the statement of appeal rights along with information on where assistance can be obtained. A hearing request form is also included which is to be used by residents or their representatives when requesting a hearing. Each licensee is required to adhere to the provisions of the above referenced laws. This Administration is available to provide information to you on the requirements of the law.

A copy of the notice should be given to:

- A. The resident
- B. The resident's representative
- C. The Health Regulation Administration:
 - Program Manager
 - Department of Health
 - Health Regulation and Licensing Administration
 - Intermediate Care Facilities Division
 - 825 North Capitol Street, NE
 - Washington, DC 20002
 - (202) 442-5888
- D. The Long Term Care Ombudsman

The DC Office of the Long-Term Care Ombudsman
Legal Counsel for the Elderly
601 E. Street N.W.
Washington, DC 20049
(202) 434-2190

E. University Legal Services
300 I Street, NE
Suite 200
Washington, DC 20002
(202) 547-0198

If you have any questions, please call Mr. Louis Woodard, Supervisory Social Worker of the Community Residence Facility Branch on (202) 442-4781.

Sincerely,

Sharon H. Mebane

Sharon H. Mebane
Program Manager

Enclosure

COMMUNITY RESIDENCE FACILITY/ASSISTED LIVING RESIDENCE:

Advance Notice of Discharge or Transfer from the Facility or Relocation within the Facility

Facility Name:	Address:	Phone Number:
Fax Number:	Email:	Resident's Name:
Resident's Representative:		

Pursuant to the Nursing Home and Community Residence Facility Resident's Protection Act of 1985 and the Assisted Living Residence Regulatory Act of 2000, this facility must inform you of its intent to discharge, transfer, or relocate you within this facility. The specific reasons for your proposed move or discharge are as follows:

You are scheduled to move or leave this facility on/by _____.
You will be moved to room _____, or transferred to _____
_____. You should contact _____ at
_____ who will be supervising your discharge and providing
counseling and assistance for the move.

Provider's Signature: _____ Date: _____

I, _____, acknowledge that I received this notice on (date) _____. This
process was explained to me by _____ on (date) _____, and I,
_____:

_____ do not contest this transfer, relocation or discharge or
_____ do contest this transfer, relocation or discharge.

Resident or Resident's Representative Signature _____ Date: _____

YOUR APPEAL RIGHTS

You have a right to challenge this facility's decision to discharge, transfer or relocate you. If the decision is to discharge you from the facility or to transfer you to another facility and you think you should not have to leave, you or your representative have seven (7) calendar days from the day you receive this notice to inform the Administrator (Residence Director, if an community residence facility) or a member of the staff that you are requesting a hearing and to complete the enclosed hearing request form and mail it in the preaddressed envelope provided. If you are mailing the hearing request form from the facility, the day you place it in the facilities out going mail or give it to a member of the staff for mailing shall be considered the date of mailing for purposes of the time limit. In all other cases, the postmark date shall be considered the date of mailing. If instead, the decision is to relocate you within the facility and you think you should not have to move to another room, you or your representative have five (5) calendar days to do the above.

If you or your representative request a hearing, it will be held no later than five (5) calendar days after the request is received in the mail; and in the absence of an emergency or other compelling circumstances, you will not be moved before a hearing decision is rendered. If the decision is to proceed with the move, in the absence of an emergency or other compelling circumstances, you will have at least five (5) calendar days to prepare for your move if you are being discharged or transferred to another facility, and at least three (3) calendar days to prepare for your move if you are being relocated to another room with the facility.

To help you in your move, you will be offered counseling services by the staff, assistance by the District government if you are being discharged or transferred from the facility, and at your request additional support from the Long-Term Care Ombudsman Program. If you have any questions at all please do not hesitate to call the telephone number listed below for assistance:

The Office of the Long-Term Care Ombudsman
DC Long-Term Ombudsman Program
601 E. Street, NW
Washington, DC 20049
(202) 434-2190

YOUR APPEAL RIGHTS/RESOURCES:

Neighborhood Legal Services Program
701 4th Street, NW
Washington, DC 20001
(202) 682-2700

Columbus Community Legal Services
Catholic University
3602 John McCormack Road, NE
Washington, DC 20064
(202) 319-6788

Barney Neighborhood House
3118 16th Street, NW
Washington, DC 20010
(202) 939-9000

EOFULA
1844 Columbia Road, NW – Suite C-1
Washington, DC 20009
(202) 483-5800

Centro Catolico Hispano
1618 Monroe Street, NW
Washington, DC 20010
(202) 939-2400

District of Columbia Bar Lawyer
Referral and Information Service
1250 H Street, NW
Washington, DC 20005
(202) 737-4700

Community Legal Clinic
George Washington University
2000 G Street, NW
Washington, DC 20052
(202) 994-7463

HEARING REQUEST FORM FOR RESIDENT/REPRESENTATIVE

Clerk of the Court
Office of Administrative Hearings
825 North Capitol Street N.E.
Suite 4150
Washington DC 20002-4210
(202) 442-9094
(202) 442-4789(fax)

cc: Program Manager
 Department of Health
 Health Regulation and Licensing
 Administration
 825 North Capitol Street, NE
 Second Floor
 Washington, DC 20002
 (202) 442-5888
 (202) 442-9430 (fax)

Dear Clerk of the Court:

This is to request a hearing under D.C. Law 6-108, Title III, to challenge the

involuntary: ☐ **discharge,** ☐ **transfer,** ☐ **relocation by** _____

The ☐ **discharge,** ☐ **transfer,** ☐ **relocation occurred, or will occur on** _____

The move is being based on the following:

A copy of the notice from the facility is enclosed, and sent to the D.C. Long-Term Care Ombudsman Program (address and phone listed above).

Sincerely;

Resident/Representative (Print)	Date
Resident/Representative (Signature)	Date

IF YOU DISAGREE WITH OUR DECISION THAT YOU MUST MOVE AND DESIRE TO CHALLENGE IT, YOU MUST REQUEST A HEARING WITHIN SEVEN (7) DAYS FROM THE DATE YOU RECEIVE THIS NOTICE. FOR A COMPLETE EXPLANATION OF YOUR RIGHT TO CHALLENGE OUR DECISION TO MOVE YOU, YOU SHOULD READ THE ENCLOSED FROM. FOR ASSISTANCE, YOU SHOULD CONTACT THE FOLLOWING:

Program Manager
Department of Health
Health Regulations and Licensing Admin.
825 North Capitol Street, NE
Second Floor
Washington, DC 20002
(202) 442-5929
(202) 442-9430 (fax)

District of Columbia Long-Term Care Ombudsman
Legal Counsel for the Elderly
601 E. Street N.W.
Washington, DC 20049
(202) 434-2190
(202) 434-6595 (fax)

Office of Administrative Hearings
Attn: Clerk of the Clerk
825 North Capitol Street, NE, Suite 4150
Washington, DC 20002-4210
202-442-9094
202-442-4789 (fax)

TO MAKE YOUR HEARING REQUEST, YOU SHOULD SEND A COPY OF THE ENCLOSED FORM TO THE OFFICE OF ADMINISTRATIVE HEARINGS, THE HEALTH REGULATION LICENSING ADMINISTRATION AND THE LONG-TERM CARE OMBUDSMAN PROGRAM.

THE ADDRESSES ARE PROVIDED ABOVE.

Medicaid eligible residents challenging transfers, discharges for relocations based on a change in level of care or a change required to be in accordance with a prescribed level of care only, should send their hearing request to the following:

Department of Health
Medical Assistance Administration
825 North Capitol Street, NE-5th Floor
Washington, DC 20002-4210
(202) 442-9055

Office of Administrative Hearings
Attn: Clerk of the Court
825 North Capitol Street, NE
Suite 4150
Washington, DC 20002-4210
(202) 442-9094 Phone
(202) 442-4789 Fax

Administrator Provider Signature

Date